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ABSTRACT

Trust, in much the same way as hope, represents one of the essential components of a healthy upbringing. This article investigates the concept of trust as set forth in Eric Erikson's and Louise Kaplan's theories of basic trust, with particular emphasis on definition and development. The article analyzes some of the criteria that have been presented in describing Reactive Attachment Disorder, insofar as it pertains to the child's not having developed proper attachments to trustworthy individuals and their associated behavior. Finally, the article attempts to correlate foster care placement as one of the main influences leading to mistrust, being more prevalent than trust, and as a resolution of the first stage of psychosocial development, and the rising statistics of Reactive Attachment Disorder. Suggestions for intervention with vulnerable infants are explored, as are implications of using foster care as a context for such intervention. (Contains 23 references.) (Author/HTH)

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Rediscovery of Trust: Erikson, Kaplan, and the Myth of Foster Care.

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Abstract

Trust, in much the same way as hope, represents one of the essential components of a healthy upbringing. It is the purpose of this article to investigate the concept of trust as set forth in Eric Erikson's and Louise Kaplan's theories of basic trust, with particular emphasis on definition and development. It will analyze some of the criteria that has been presented in describing Reactive Attachment Disorder, insofar as it pertains to the child's not having developed proper attachments to trustworthy individuals and their associated behavior. Lastly, this article will attempt to correlate foster care placement as one of the main influences leading to mistrust being more prevalent than trust, and as a resolution of the first stage of psychosocial development, and the rising statistics of Reactive Attachment Disorder.

Introduction

During a child's infancy, it is the mother who provides the consistency and commitment that assures a child's basic trust and general dependence upon the well being and order of his universe. When an infant's needs for love and care are not met, he will mistrust and probably withdraw into himself, thereby distrusting the world. When there is extreme deprivation of love or sudden abandonment, the child may go into a chronic state of mourning. Basic trust is crucial not only for physical health, but also for later emotional development.

The infant's feelings of trust in other people depend to a large extent on the way his early needs are handled by the mother or primary caretaker. It serves to provide the security necessary for the child to explore the environment and it forms the basis for interpersonal relationships in later years (Hilgard, Atkinson, Atkinson, 1979).

Webster's Dictionary defines trust as "assured reliance on the character, ability, strength, or truth of something or someone." This concept is best described by the work of Eric Erikson (1950), who divided life into eight psychosocial stages, each of which

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one encounters a crisis of development, then resolution which grants passage into the next stage. Trust is the first stage of development that encompasses the development of the child from birth to one year. During this stage the child will face the conflict of deciding whether the world is basically 'all good or all bad', and decide whether to trust or mistrust. Psychologist Louise Kaplan (1978) described similar concepts of the child at this particular age as attaining "oneness" through the bonds formed with the mother or primary caregiver.

It is the aim of this article to use the theories of these two psychoanalysts, in order to set a reference point from which to depart in analyzing the way in which a child develops trust vs. mistrust. Secondly, this article will attempt to convey the relationship of negative and unstable environments in causing what has been termed "Reactive Attachment Disorder." Finally, the article will conclude with the plight of foster children who are traumatized prior to entering foster care placement, and how chronic disruption of early childhood attachment patterns may result in Reactive Attachment Disorder (RAD).

Trust vs. Mistrust

After a life of rhythmic regularity, warmth and protection in the uterus, the infant experiences the reality of life in his first contacts with the outer world. Providing that the child is healthy, its first task after being born is to learn to survive in, and to adjust to an alien world and new environment. This survival is based on trust, which comes from safe and consistent surroundings provided by the mother or primary caretaker. The baby depends totally upon external care and control. This is first demonstrated in the ease of its feeding, the depth of its sleep, and the relaxation of its bowels.

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According to Erikson, "the amount of trust derived from the earliest infantile experience does not seem to depend on absolute qualities of food and demonstrations of love, but rather on the quality of maternal relationships" (Erikson, 1959, p. 63). Establishment of this trusts combines sensitive care of the baby's individual needs and a firm sense of personal trustworthiness within the trusted framework of their community's life style. (This forms the basis in the child for a sense of identity which will later combine a sense of being "all right," of being oneself, and of becoming what other people trust one will become). The mother or caring person brings the social world to the child through her touch, embrace, comforting smile, and the way in which she speaks to the child. If the infant's needs for love and care are not met, the infant will mistrust and probably withdraw into itself, distrusting the world. If there is an extreme deprivation of love or sudden abandonment, the child may go into a chronic state of mourning (Erikson, 1959, p. 63).

Erikson includes joint experience and mutual regulation of frustration as essential components of identification in terms of the basic sense of trust. The very experience of establishing this mutual regulation results in moments of frustration for both child and mother. When this frustration is not eventually resolved in trust, it can lead to feelings of uncertainty and a basic sense of mistrust. A sense of mistrust can also arise from unsatisfactory physical and psychological experiences and leads to fearful apprehension of future situations. In severe cases, the failure to establish basic trust can have physical, emotional, and social consequences for later life (Kaplan, 1978, p. 25).

Psychologist Louise Kaplan's theory parallels Erikson's. She states that "oneness represents a beginning awareness of the outside world; body, mind, and constancy

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rely on human relationships and also resulting in insecure attachment patterns. Chronic inconsistency in meeting infant and toddler needs as well as the introduction of early childhood trauma (i.e. abuse), may result in the formation of Reactive Attachment Disorder (RAD)" (Allen, Hauser & Borman-Spurrell, 1996; Rosenstein & Horowitz, 1996).

"Reactive Attachment Disorder (RAD) is the inability to trust. It develops from severe neglect and abuse prior to the age of two. It is the result of chaos and neglect early on in a child's life. The child is unable to trust, which in turn creates frightening and violent behaviors. It is characterized by the breakdown of social ability of a child. It is associated with the failure of the child to bond with a caretaker in infancy or early childhood. This can be caused by many factors, ranging from child neglect to the child being hospitalized for severe medical problems. The child may display either indiscriminate social extroversion as they grow older (treating all people as if they were their best friend), or show mistrust of nearly everyone."

http://specialchildren.about.com/cs/radattachment/tp/RADBooks.htm

Children lacking secure attachments with caregivers commonly grow up to be parents who are incapable of establishing this crucial foundation with their own children. Instead of following the instinct to protect, nurture and love their children, they abuse, neglect and abandon. The key facet across all of these stages is consistency in the provision of behavioral reinforcement to infant and toddler basic emotional and physical needs, which, in essence, is a method of conditioning the child to utilize human relationships as a sense of security and comfort' (Wilson, 2001).

Foster Care

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Foster children who are traumatized prior to entering foster care placement, and those who had chronic disruption of early childhood attachment patterns may face Reactive Attachment Disorder (RAD) (Doane & Diamond, 1994; Leick & Davidsen-Neilson, 1990; Levy & Orlans, 1998).

More than 120,000 of the children in foster care entered placement before their first birthday. Of that number, 60,000 of those children were babies placed in the first month of their lives, 3.5 per 1,000 babies ages birth to 11 months versus the 8 per 1,000 toddlers and preschoolers. Infants, age's birth to 3 months old tends to spend approximately 2.5 years or longer in foster care. Children whose initial placement occurred between 10 and 48 months usually left foster care within 1.5 years. Many of these children face abuse and neglect. Several factors that may lead to child maltreatment in foster homes are untrained, uneducated, isolated, underpaid, and overstressed foster parents" (U.S. Department of Health and Human Services, 2001; Wulczyn, & Hislop, 2002)

Children placed in foster care have always been among the more vulnerable in our society (Klee, Halfon, 1987). The number of children in placement is increasing as more children are being removed from their biological parents and placed into foster care. New emphasis is being placed on the abundance of infants who are entering foster care placement at an intensifying rate. The elevated amount is due to a notable increase in the number of babies born to crack and cocaine addicted mothers. According to the U.S. House of Representatives Select Committee on Children, Youth, and Families "increasing numbers of infants are being born drug-exposed, placing them at particular risk of the multiple problems that lead to out-of-home care" (Select Committee on

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Children, Youth, and Families, U.S. House of Representatives, November, 1989, pp. 5, 7, 28, 31, 36).

A smaller group of children who enter placement due to parental drug usage as well as abuse and neglect, are those who are infected with HIV (Family Impact Seminar, January 1990, p. 8).

Children born into a family of addicts are left with impossible choices: a life with the abusers they know, or a life at the mercy of a system filled with strangers – lawyers, judges, social workers, and foster parents.

Children may be shuttled through a series of foster homes, never learning to love or trust a soul. Many of these children stay in the system until the age of eighteen. Children who are in and out of the foster care system are traumatized over and over again by the experience; therefore they are less likely to develop the level of trust needed to stabilize a relationship with a significant other.

Early abuse and neglect affect the attachment process. Children who have experienced abuse or neglect may not be able to form attachments to anyone. Multiple foster placements or premature return of young children to their biological families followed by a return to foster care, can have a negative impact on attachment or cause emotional trauma. Kinship foster placements may not be carefully monitored, and may result in the unintended return of children to their biological families and subsequent return to foster care. Because young children do not fully understand time concepts or the idea of "temporary," placement and treatment decisions need to be made quickly. The Committee recommends an active role for pediatricians in assessing children's needs and

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providing services and advocacy for them" (American Academy of Pediatric Committee on Early Childhood, Adoption, and Dependent Care. (2000). Pediatrics, pp. 1145-1150).

The more the foster parent responds to the child's individual needs and the more the child progresses as a result of those efforts, the stronger the attachment between them is likely to be. The risk of such an attachment, although it is critical for the child's development, is the possibility of future separation, an event that is likely to cause pain to both child and foster parents. Foster-care agencies, therefore, face a dilemma, namely to promote healthy development by supporting a strong foster-parent/child relationships between children and their biological parents. One possible way to resolve this dilemma may be to establish programs in which foster parents and natural parents work together with professionals" (Lerner, 1989). Whenever possible, it may be advisable to leave the child with the biological family and provide a strong support system designed to preserve family unity (Norman, 1985).

"The complexities of these children due to their early life experiences challenge the foster care and adoption agency systems of the present and upcoming century. This calls for a skilled approach to developing new families and new approaches for parenting these children with disabilities. Advancing policy and practice takes place through education regarding developmental disabilities for agency workers and prospective parents of children. This assists in the reduction of fear and anxiety about how the child may be and helps workers to conduct their home studies, and reevaluate the relationship components."

In summary, human beings were created to develop attachments to others. It is through these attachments that trust is fostered and developed. Failure to ensure and

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secure proper attachments leaves us feeling broken, hopeless, and alone. Children in foster care represent that portion of our population that has lost much of its ability to trust (Foster Care: General Accounting Office, 1993).

Suggestions for Intervention with Vulnerable Infants

It is up to those who are in charge of caring for the children placed in foster care to assist them in their growth and development. It is important that foster parents know all about the children they are taking care of, especially the development of fragile infants. They should have all of the necessary information on specific medical conditions and interventions, and be able to look at and accept that particular child for who they are, for they are at the core of this "intricate and highly individual process of human development". The child's most important developmental needs are the things he/she needs to survive, such as food, water and shelter, and second, is an attachment to another human being, which is where the foster parent's role comes into play (Goldberg, Brachfeld, Divitto, 1980, pp. 133-153.)

A sympathetic and passionate foster parent will take on a maternal role by nurturing and taking care of all of the infant and child's needs, both physical and social, as well as ensuring that there is a stable environment in which to live (Sameroff, 1982, pp. 83 -103).

The best way to aid foster parents in their connecting to the infant is to first, have experienced professionals (social workers, psychologists, case workers), educate them on how to recognize and understand the signs fixed in the infant's movements. Next, professionals can recommend different ways for foster parents "to follow through on the signals and to assist the infant to reach its goal. Third, one of the most important goals of intervention is to help infants achieve an "evenness of state", "because when infants are

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both reasonably calm and responsive, they will be able to interact and learn" (Brazelton, (personal communication).

Implications Of Using Foster Care As A Context For Early Intervention

Ultimately, it is better for the foster parent to be the one who is accountable for the child's intervention. While assistance from a professional is still needed, it is imperative that the foster parent be the dominant one in helping the child with RAD. This process can be expedited by assisting the foster parents with the "development of a relationship with the child and by guiding them in the ways described above. It is important that foster parents respond to the individual needs of the children that they are taking care of. By doing this, the children will progress and the attachment will be stronger between them. However, the likelihood of future separation will cause pain to all involved. This jeopardizes the development of foster children, but the earlier the infant enters foster care and the longer they stay, the "less able they are to sustain earlier attachments, and the more they stand to lose from having no replacement" (Goldstein, Freud, Solnit, 1973).

It is the job of the foster-care agencies to help build and support strong relationships between the foster parents, the natural parents and the children, especially if there is a possibility that the children will return to their natural parents (Norman, 1985).

Continued training of foster parents and a consistent therapeutic relationship between them and the child are essential elements in stabilizing disrupted attachment patterns (Sheperis, Renfro-Michel, Edina, Doggett, 2003).

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